

Name
in
Full

Baker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	April	11	Age	1	
Sex	Color or Race	white	Birth-place	Md.	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Walter Baker	Md				
Mother's Maiden Name	Mother's Birthplace				
Katharine Gougher	Md				
Name of person giving information	How related to deceased				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Congestion of Lungs

95

How long

2 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

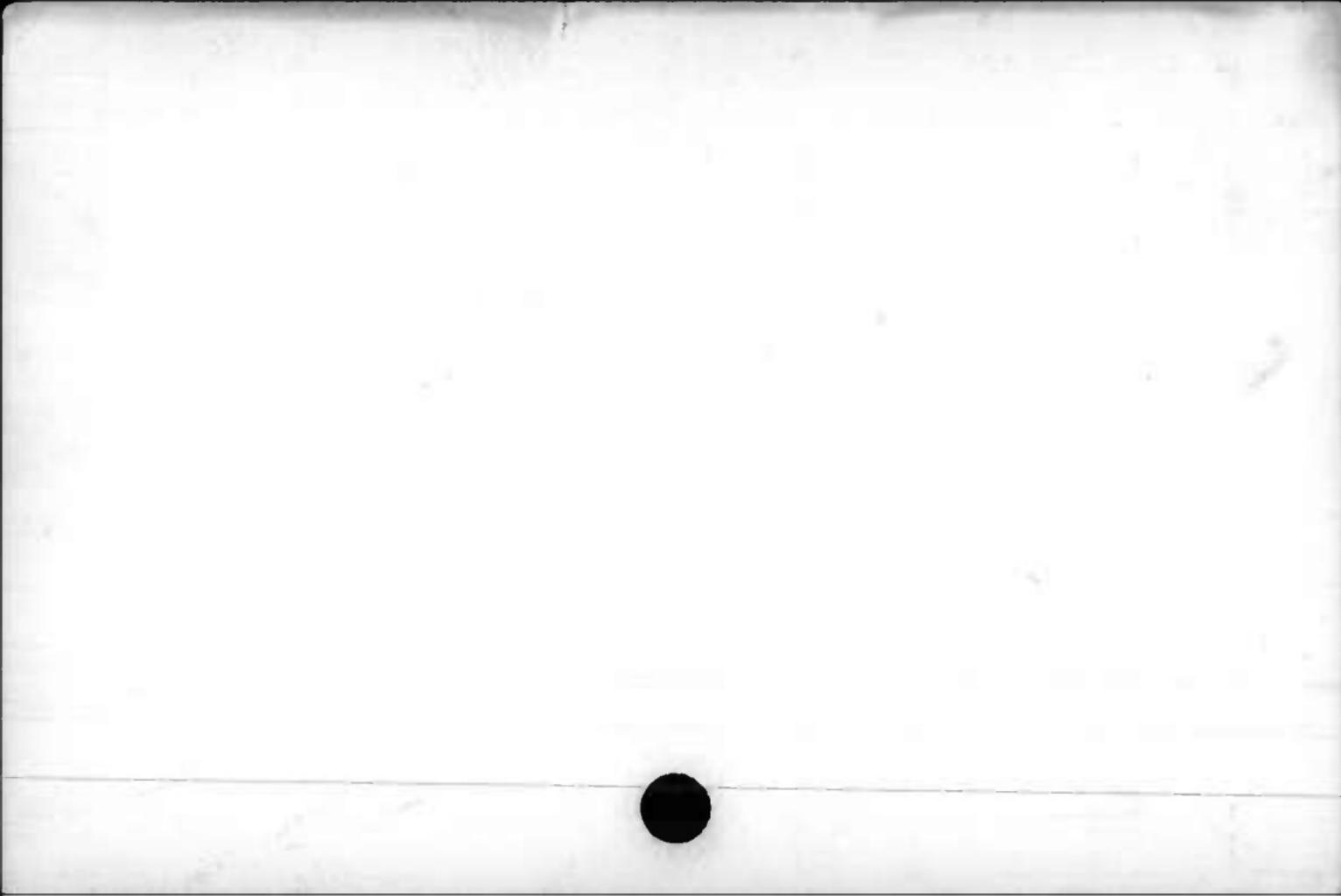
yes

Signature of Physician

Address

B W Swalling
Doverville, Md

Accident or Suicide?



Name
in
Full

John Thomas Budd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			
Father's Name	John E Budd				
Mother's Maiden Name	Mary A Ovins	Mother's Birthplace	Unity Md		
Name of person giving Information	W W M Dorsey	How related to deceased	Landy Sprung Cousin		
CAUSES OF DEATH					
Primary	Tubercular meningitis		How long	2 mon	
Immediate	,,		How long	-	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

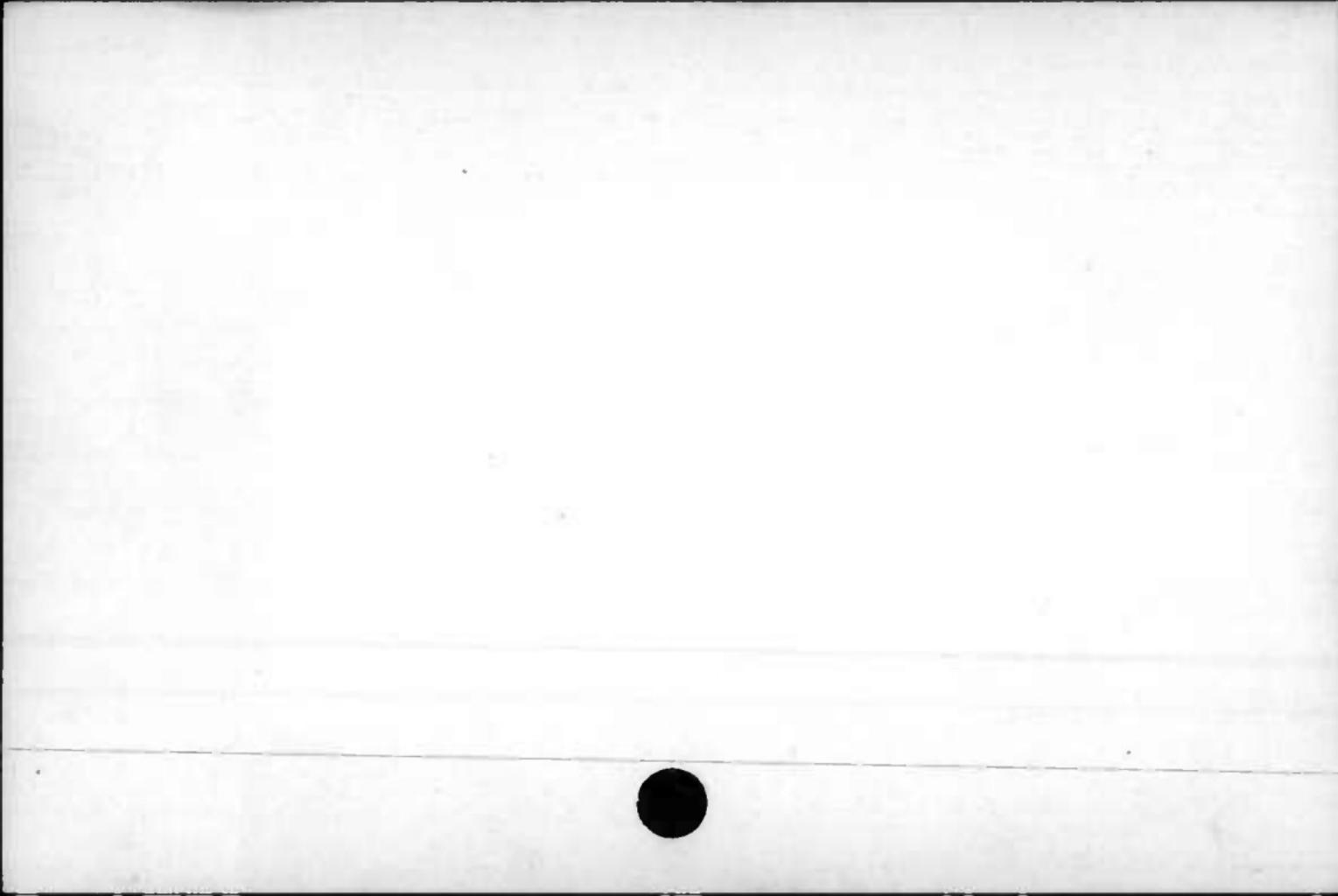
yes

Signature of Physician

Address

W H Dyson
Caytonville Md

Accident or Suicide?



Name
in
Full

Hanid R. Buries CERTIFICATE OF DEATH

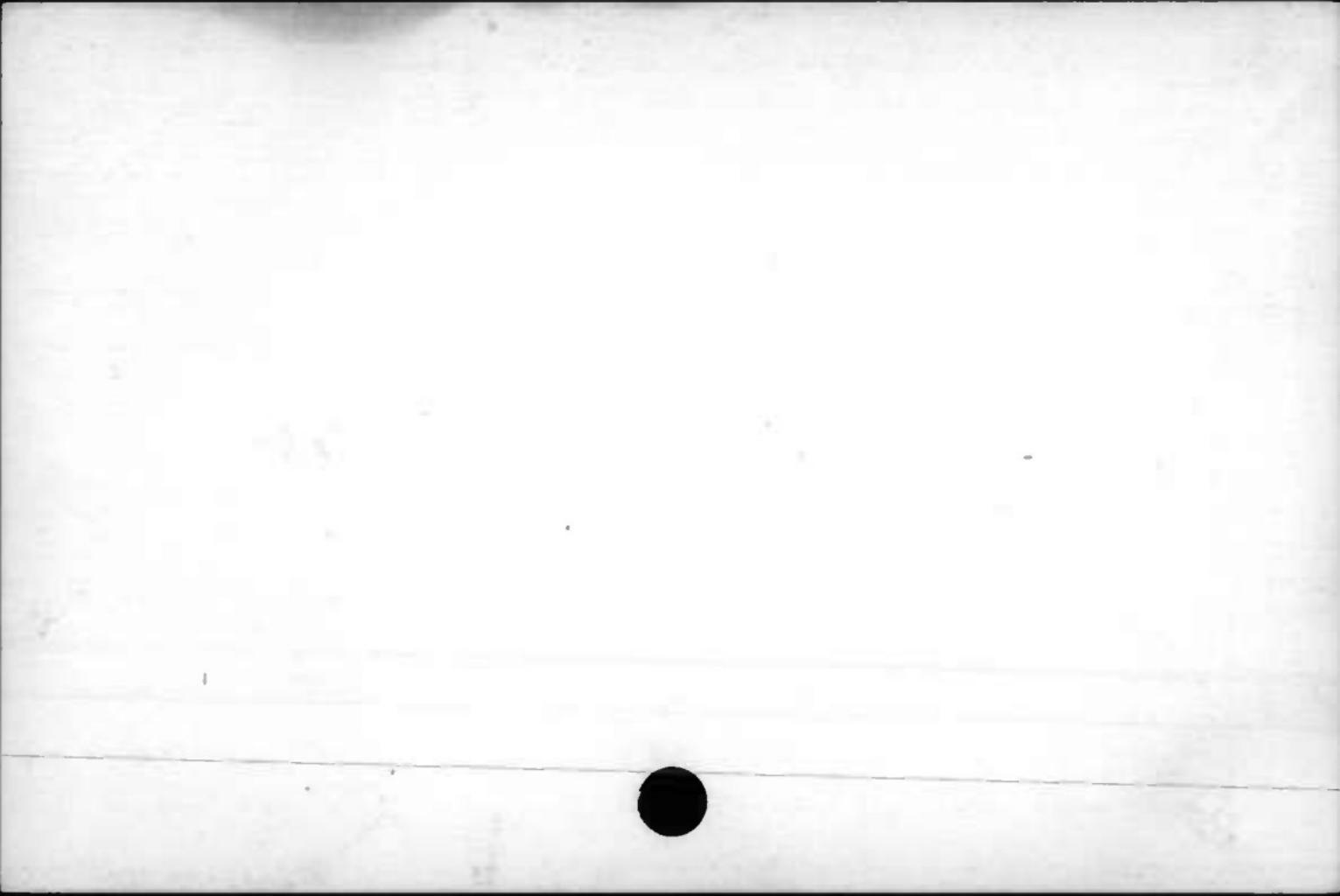
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Month Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death		Name	
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Frank Buries		Father's Birthplace	Md
Mother's Maiden Name	Agah J Knight		Mother's Birthplace	Md
Name of person giving Information	Frank Buries		How related to deceased	Father

CAUSES OF DEATH

Primary	Cystic Bronchitis	
Immediate	Cystic Bronchitis	
Are the name, age, sex, color, date and place correctly given above?	Yes	
Address	Eugene Jones Lanham	
Accident or Suicide?	No	



Name
in
Full

Caroline Ruth English

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County	MARYLAND	
Died at Bloppers	Montgomery	Months	Days
Date of death 1905	Month April	6 th	Age 32
Sex Female	Color or Race white	Birth-place Middlebrook	
Occupation Domes	Where Residing If not at place of death Bloppers Md		
Married, Single or Widowed Single	Name of Wife or Husband Single		
Father's Name Joseph R English	Father's Birthplace Middlebrook		
Mother's Maiden Name Mary L Thompson	Mother's Birthplace Goshen		
Name of person giving information M W Thompson	How related to deceased Uncle		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Conute Miliary Tuberculosis

How long

2 yrs

Immediate

Inflammation

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

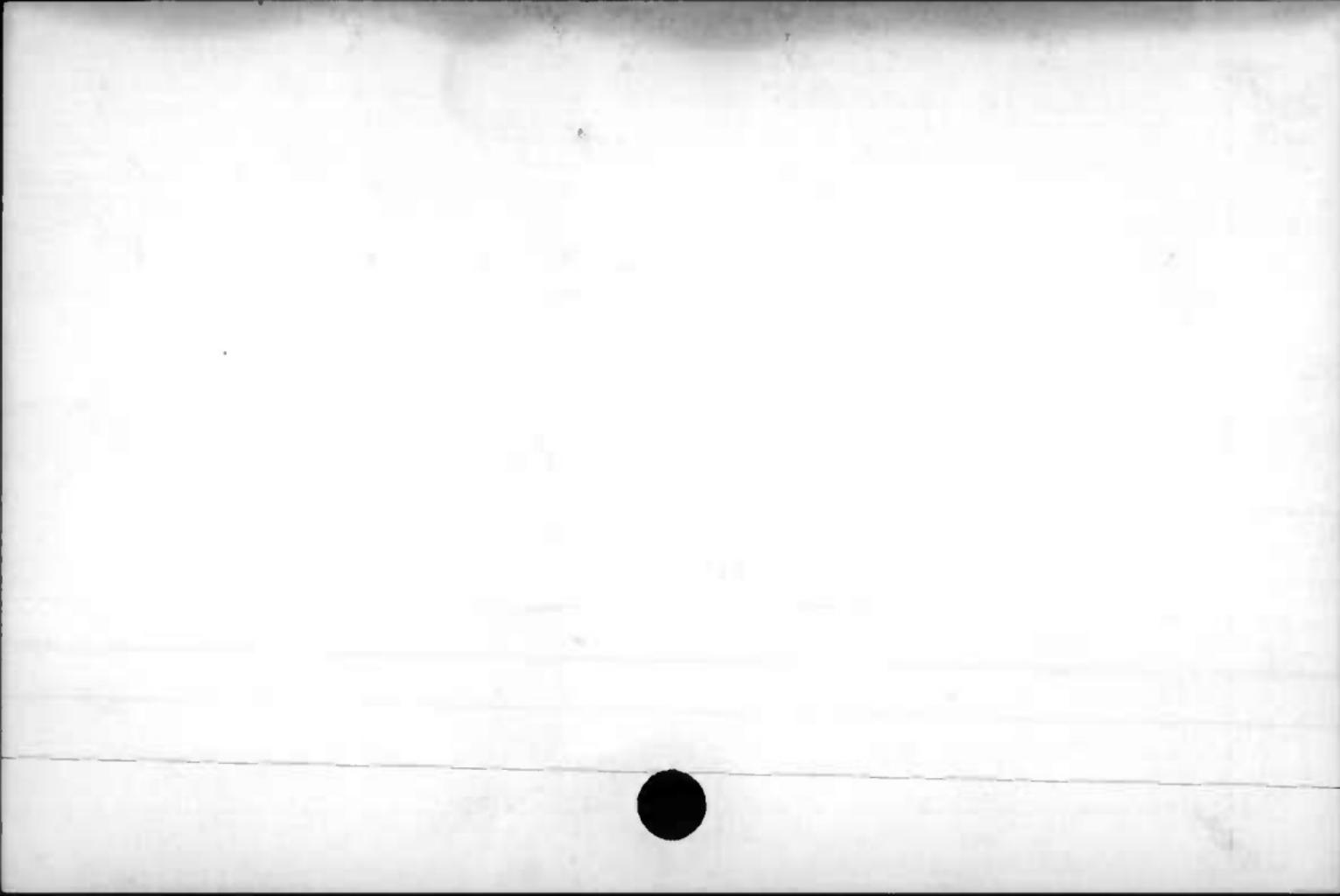
Address

L. M. Simpers

Germantown Md.



Accident or Suicide?



Name
in
Full

Ges. H. m. Gates

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

Day Street Montgomery

1905 April 28 96

Male White Md.

Labourer

Married

Richard Gates

Unknown by son

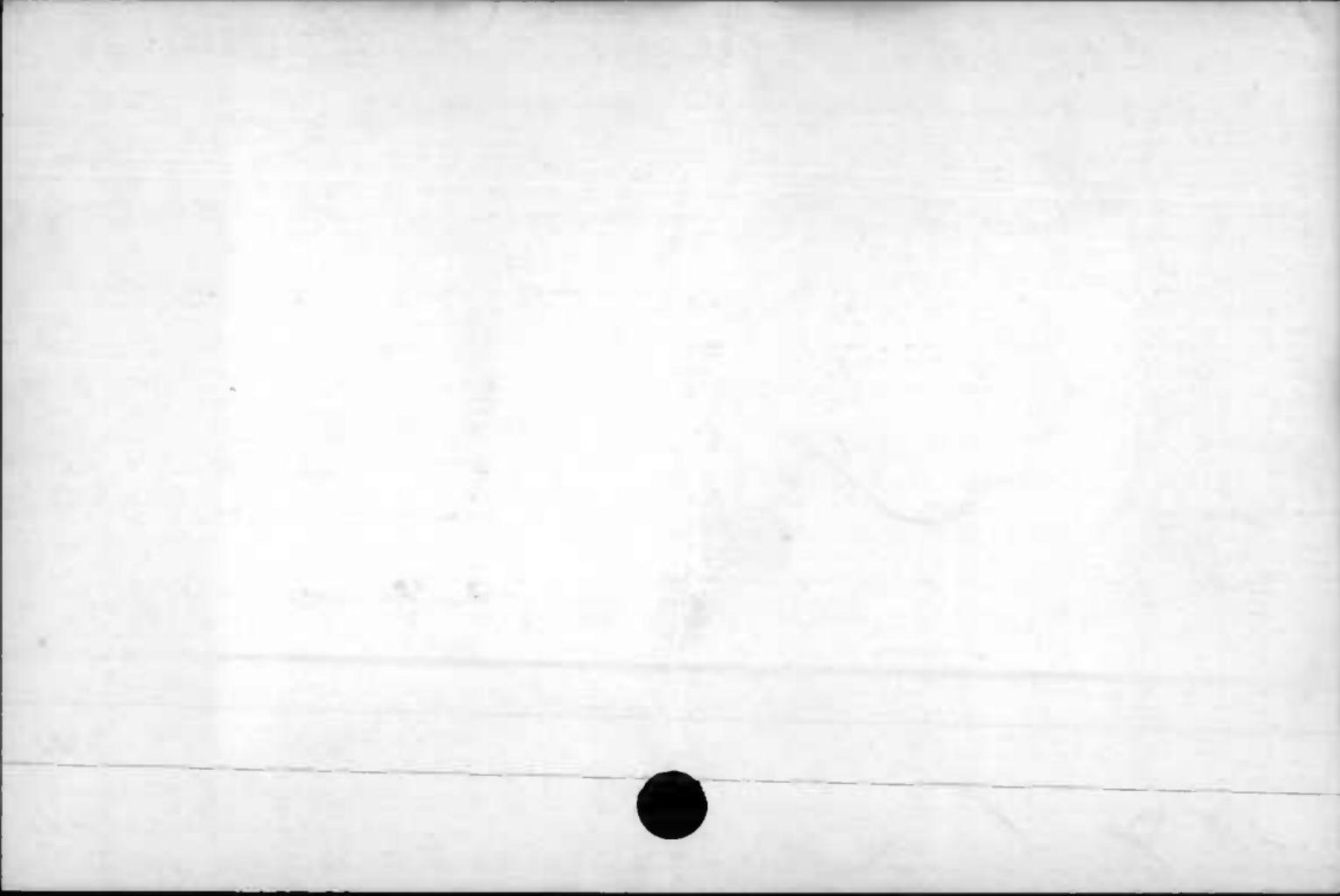
Geo Gates

Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valoular Disease of Heart.		How long	Several yrs.
Immediate	Paralyses of Heart.		How long	Two minutes.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. S. Brown	
Yes		Address	Silver Spring	
Accident or Suicide?				



Mrs Mary J. Harris

Town County MARYLAND
Died at Germantown Montgomery Co.

Date 1895	Month April	Day 13 ^E	Y. 66	M. -	D. -	Native of Maryland	Occupation Housewife
Male	White	Age	Married	Widow	Divorced		
Female	Colored		Single	Widower		Number of children living	3.

Husband of Wife Benjamin Harris
Father's Name Drill

Mother's Name

29

Cause of Death	Primary: Rheumatism, Mitral Stenosis & Ill 3 weeks. Immediate: Anasarca, Asphyxia	How long sick 3 or 4 years
		Accident, Suicide, Homicide

Reported by C. H. Fournier M.D.

Address Barnes town Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mary A. Hopkins

CERTIFICATE OF DEATH

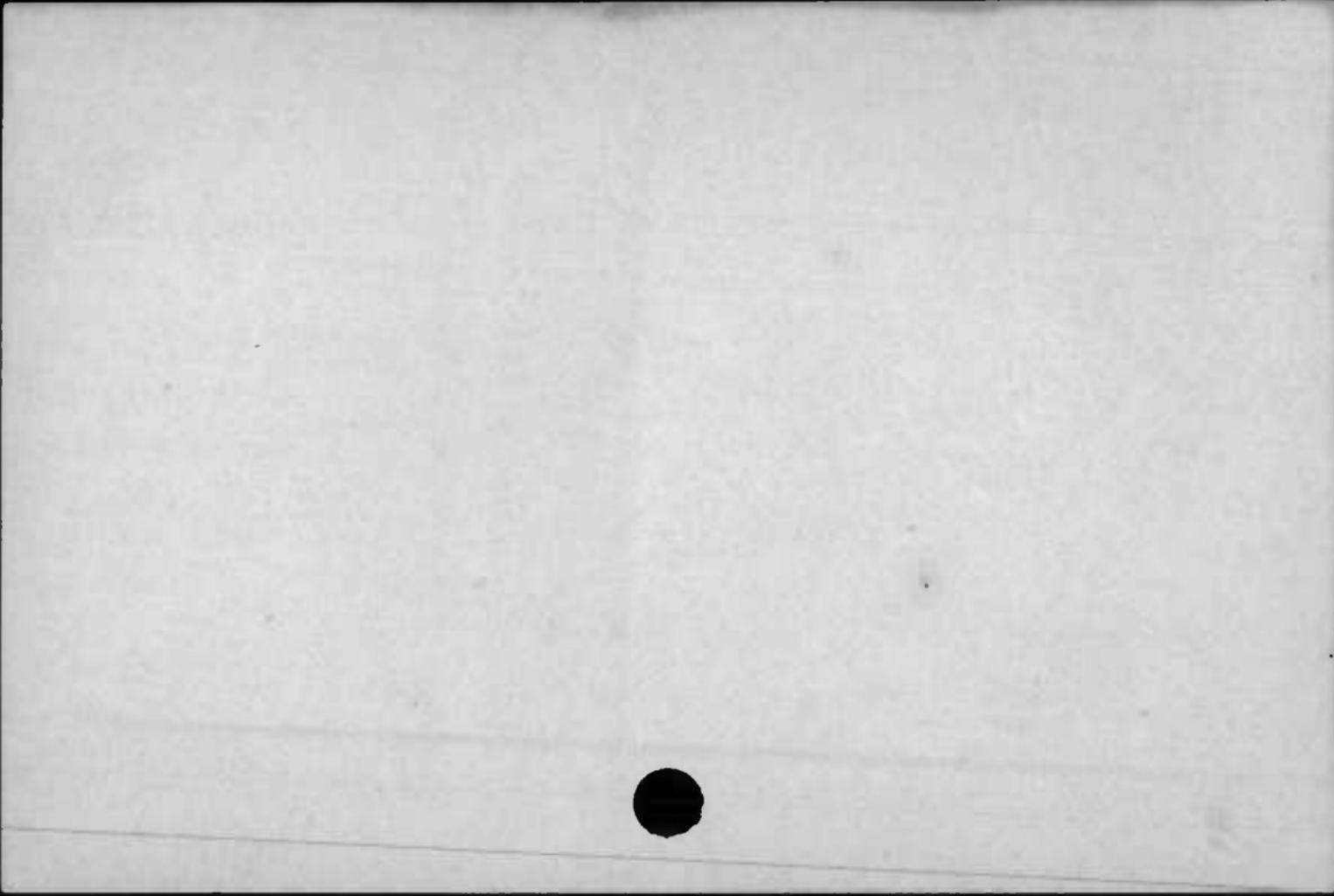
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
Died at	Sandy Spring		Montgomery	41	—	—	
Sex	Female	Color or Race	Colored	Birth-place	Montgomery Co. Md.		
Occupation	Domestic		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name or Wife or Husband				
Father's Name	Edward Hopkins		Father's Birthplace	Montgomery Co. Md.			
Mother's Maiden Name	Angelina Hopkins		Mother's Birthplace	Montgomery Co. Md.			
Name of person giving information	Samuel P. Hopkins		How related to deceased	Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Ulceration of the stomach		How long	5 months
Immediate	Asthenia		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Chas. Farquhar.	
		Address	Olney. Md.	
Accident or Suicide?				



Name
in
Full

Elizabeth Jane Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	April	25 th	Age	77	
Sex	Female	Color or Race	Colored	Birth-place	Howard Co. Md.
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name or Wife or Husband	Reverus Johnson		
Father's Name	Owen Green	Father's Birthplace	Howard Co. Md.		
Mother's Maiden Name	Rachel Green	Mother's Birthplace	Howard Co. Md.		
Name of person giving information	Reverus Johnson	How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

A prophyx.

6k

How long

12 weeks

How long

Immediate

Asphyxia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

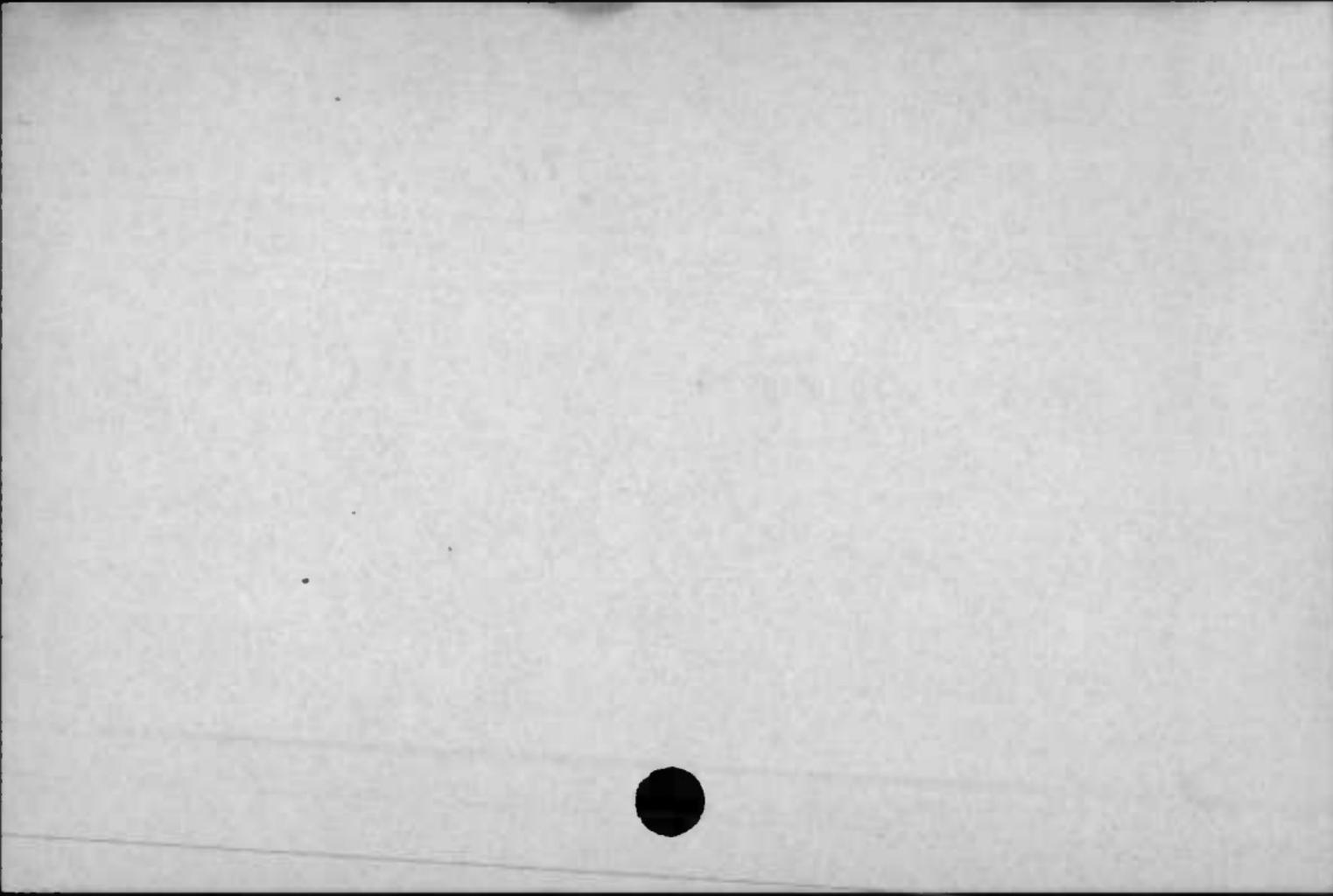
Address

C. L. Farnsworth

Elsey

Med.

Accident or Suicide?



Name
in
Full

Wm Linel Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	April	6	1	9	13
Sex	Male	Color or Race	Colored	Birth-place	Grafton
Occupation				Where Residing if not at place of death	Grafton
Married, Single or Widowed				Name of Wife or Husband	
Father's Name	George Dorsey			Father's Birthplace	Grafton
Mother's Maiden Name	Maggie Johnson			Mother's Birthplace	Grafton
Name of person giving information	Winnie Johnson			How related to deceased	Aunt

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Rachitis



How long

Immediate Capillary Bronchitis

How long Then day 8

Are the name, age, sex, color, date and place correctly given above?

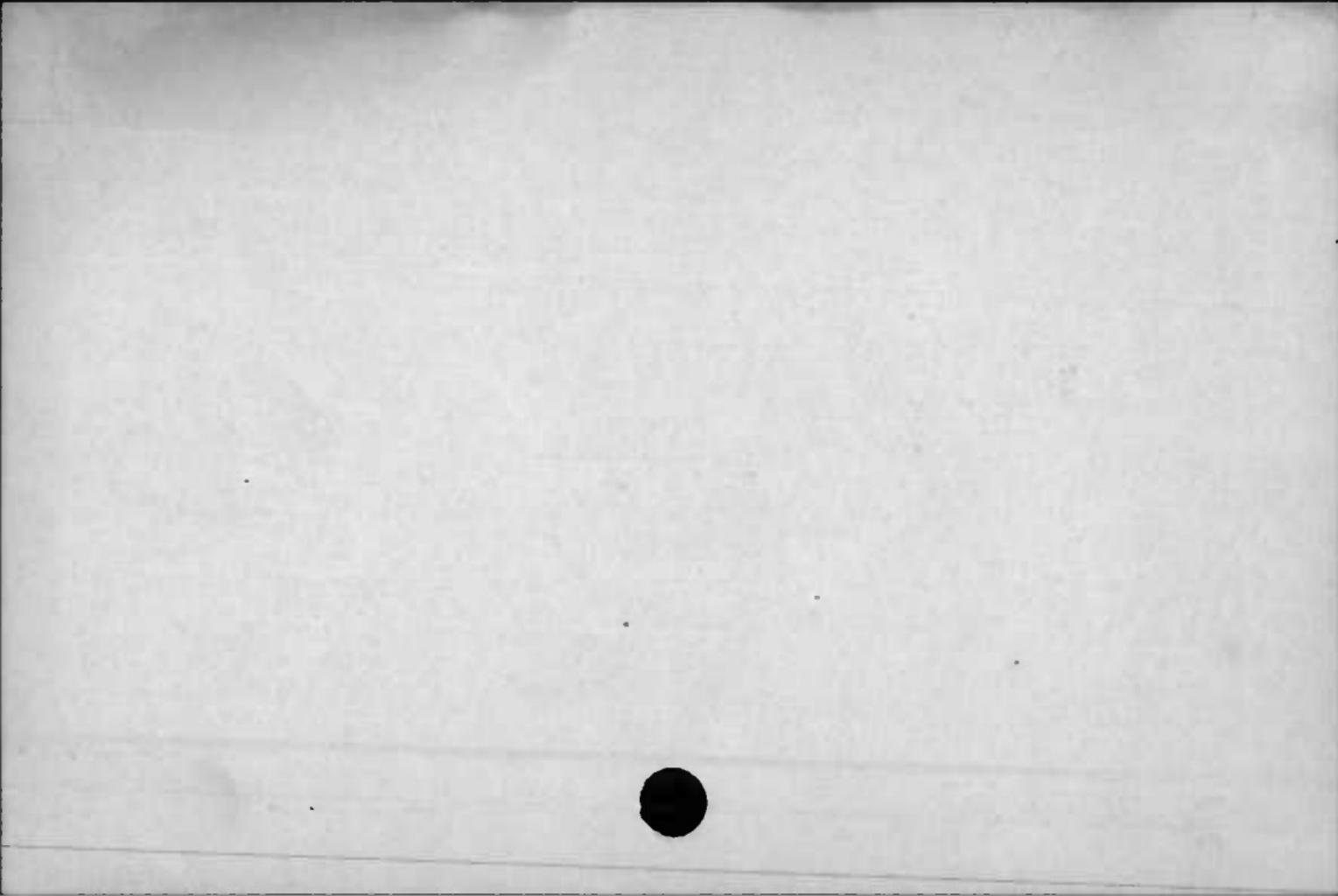
Signature of Physician

W. F. Green

Address

Brookville, Md.

Accident or Suicide?



Name
in
Full

Elizabeth J. Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death 1905

Month

Day

Years

Months

Days

Apr.

27

Age 72

8

13

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Wife

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Wm J Jones (deceased)

Father's
Name

Jas. Jones

Father's
Birthplace

Md

Mother's
Maiden Name

Mother's
Birthplace

Md

Name of person giving
Information

Eugene Jones

How related
to deceased

Son

CAUSES OF DEATH

Primary

Chronic Nephritis



How long

6 months

Immediate

Chronic Poisoning



How long

5 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

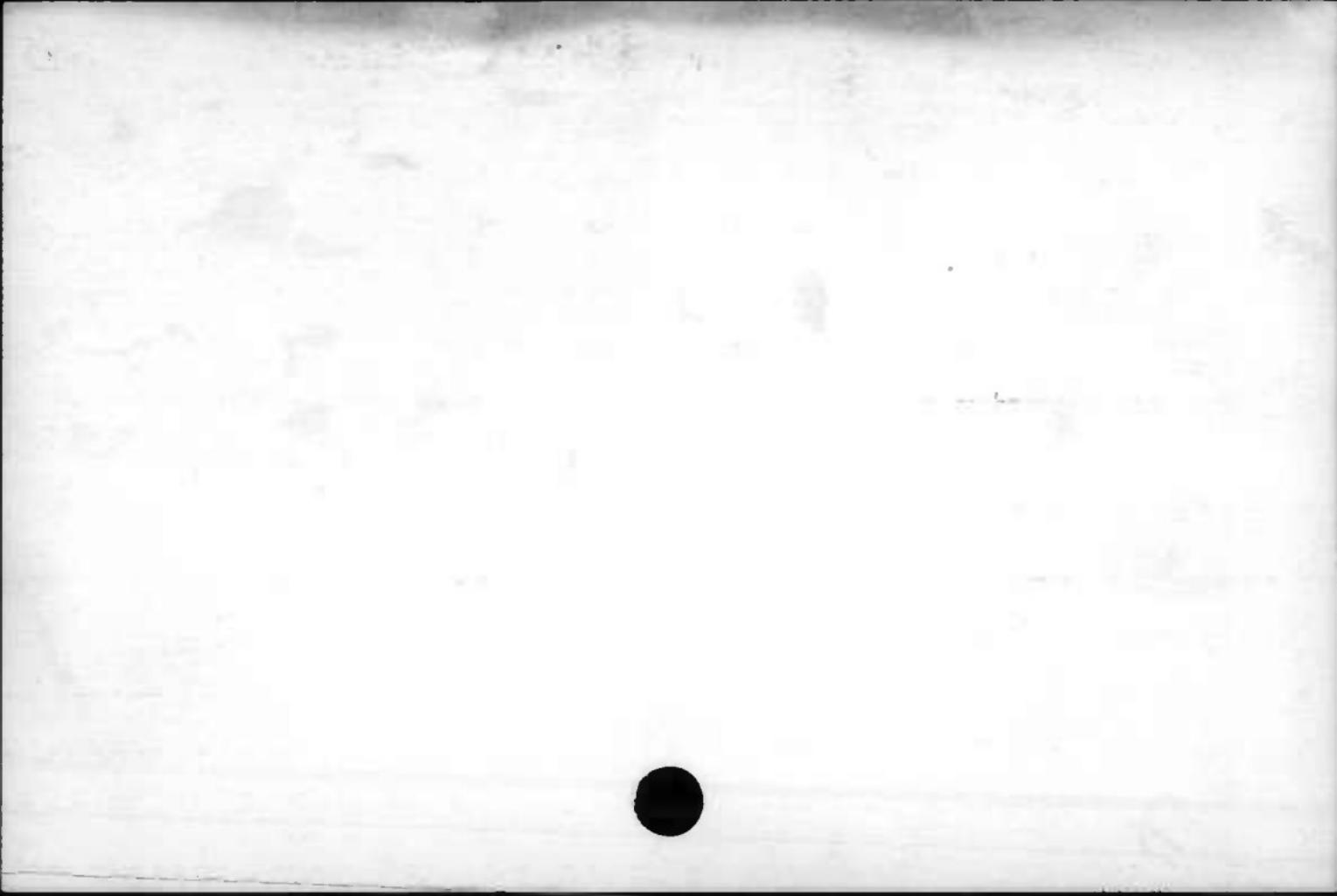
Eugene Jones

Kensington

PHYSICIAN
OR CORONER

Accident or Suicide?

No



Minnie Lyles

Town

County

Died at Lurysdale

MARYLAND

Month Day

Y. M. D.

Native of U. S.

Occupation Servant

Date 1900

April 21

Age 19

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Vachel Lyles

Mother's Maiden Name

Clarissa Lyles

Cause of Death

Primary

Influenza

How long sick

Immediate

Heart failure

3 weeks

Reported by

R. J. Lurysdale

Accident, Suicide, Homicide

Address

Damascus

m. d.

maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Alberta Magnuder

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died <input type="checkbox"/> Near Rockville		Town	County		MARYLAND	
Date of death	1905	Month 4	Day 2nd	Years 33	Months	Days
Sex	Female	Color or Race	Colored		Birth-place	Ind
Occupation	Domestic		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Lewis Magnuder			
Father's Name	Geo. Daphney		Father's Birthplace	Ind		
Mother's Maiden Name	Jane Jackson		Mother's Birthplace	Ind		
Name of person giving information	Lewis Magnuder		How related to deceased	Husband		

CAUSES OF DEATH

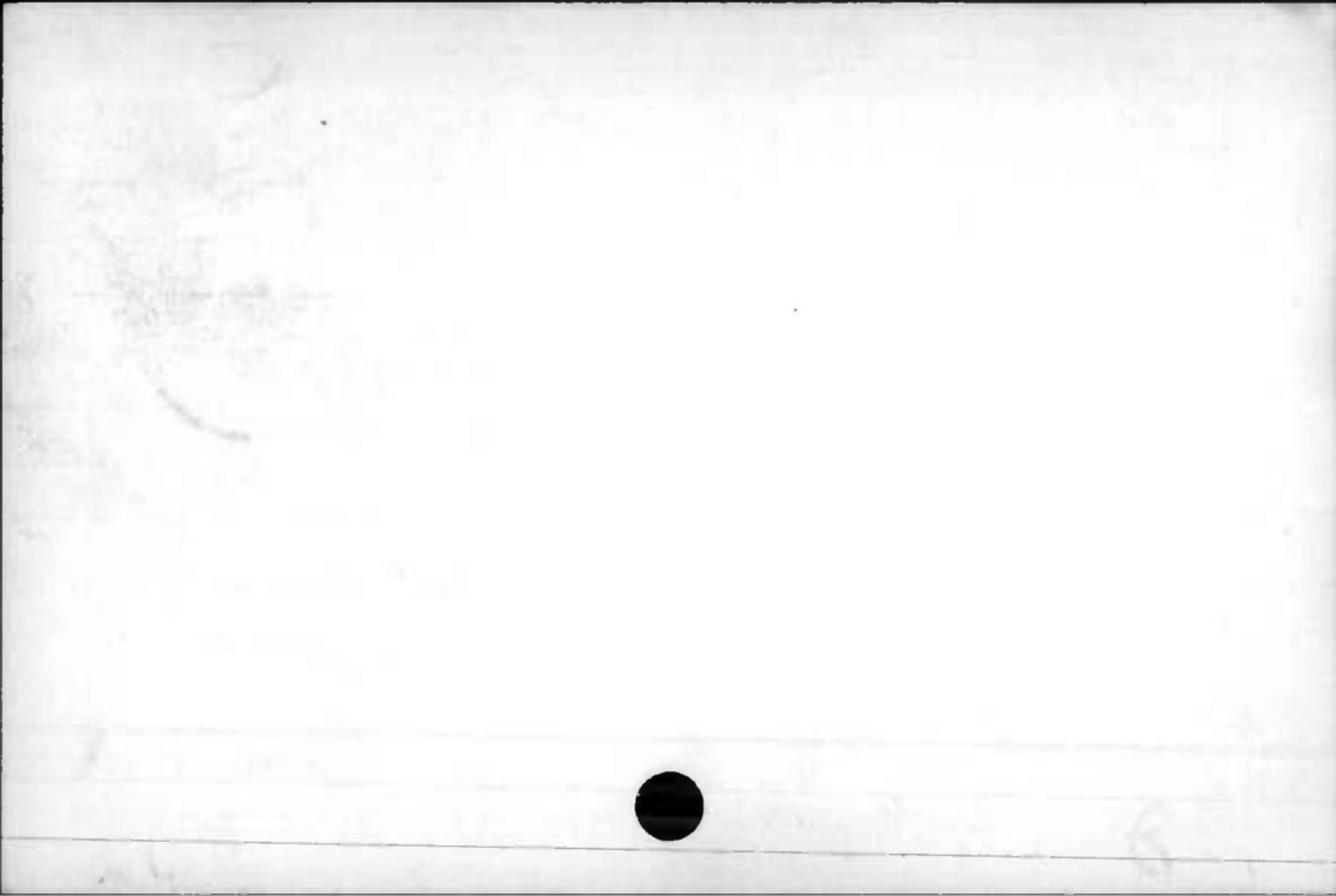
PHYSICIAN
OR CORONER

Primary	Pneumonia Tuberculosis report	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address



Accident or Suicide?

No



Name in Full

Certificate of Death

*Henrietta E.
Katherine Owen*

Town	County			MARYLAND				
Died at	<i>Olney</i>			<i>Montgomery</i>				
Date	Month	Day	Y.	M.	D.	Native of	Occupation	
<i>1905</i>	<i>Aug</i>	<i>21</i>	<i>61</i>	<i>3</i>		<i>Md</i>	<i>House wife</i>	
Male	White	Married	Widow	Divorced				
Female	Sickened	Single	Widower			Number of children living	<i>1-</i>	
Husband of	<i>Edward W. Owen</i>							
Father's Name	<i>John Bremer</i>			Mother's Name	<i>Catharine Bremer</i>			
Cause of Death		How long sick						
Primary	<i>Heart trouble. Sicker 2 years</i>							
Immediate	<i>extreme debility</i>						✓	Accident, Suicide, Homicide
Reported by	<i>Roger Brinker</i>							
Address	<i>Sandy Spring</i>							

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mary C. Prout

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at

Town

Rockville

County

Years

7

MARYLAND

Date
of death

1905

Month

4

Day

18

Age

77

Months

7

Days

—

Sex

Female

Color or
Race

White

Birth-
place

Washington D.C.

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

William D. Prout

Father's
Birthplace

Washington D.C.

Mother's
Maiden Name

Rachel Fowler

Mother's
Birthplace

New York

Name of person giving
Information

Nannie Linson

How related
to deceased

Niece

CAUSES OF DEATH

Primary

General Debility

How long

170 ✓

Three months

Immediate

Exhaustion

How long

One week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Edward Anderson M.D.

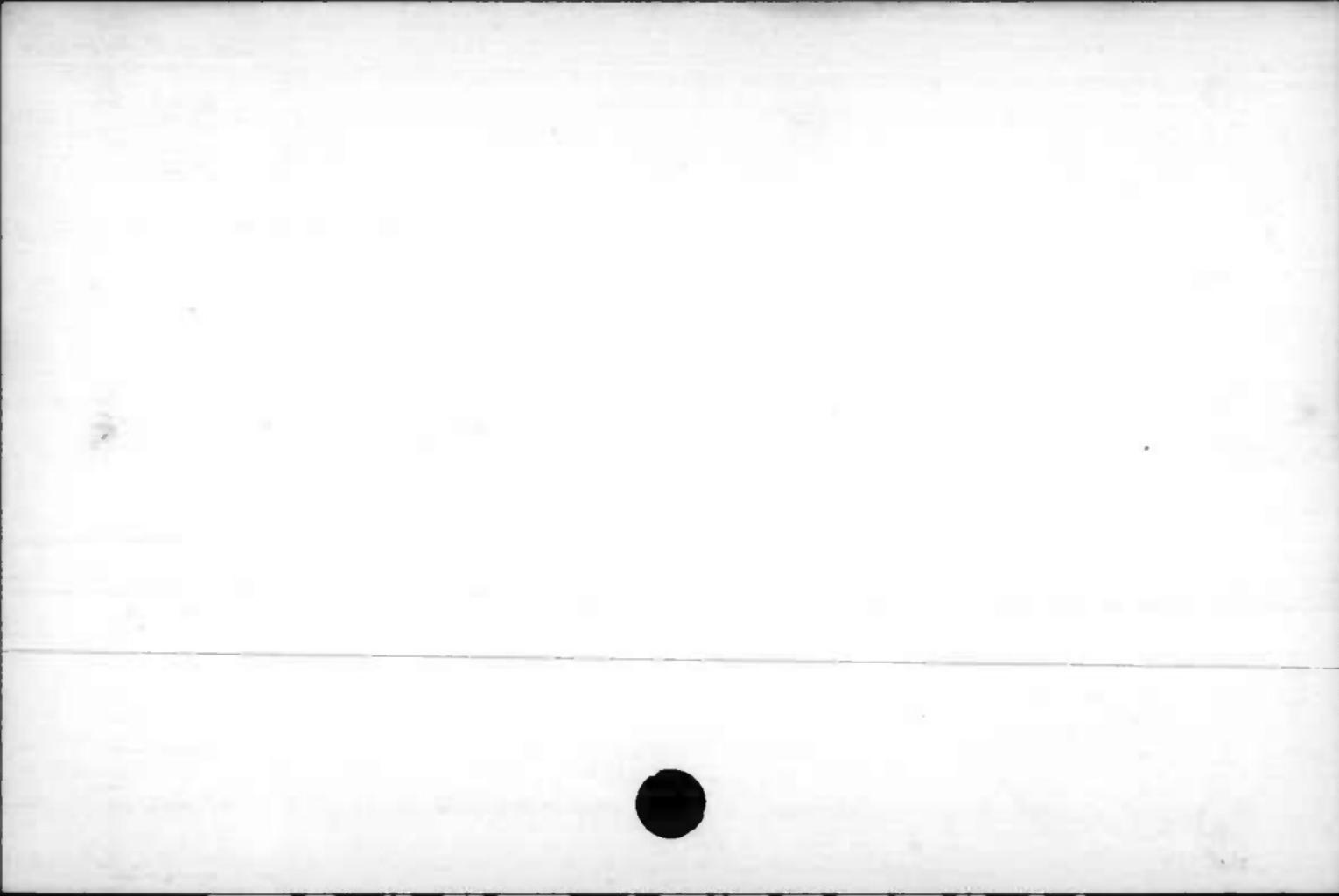
Add:

Rockville, Md.

8

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Jno Robison

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town Died at near Rochester	County Monong.	MARYLAND				
Date of death 1905	Month Apr.	Day 15	Age 35	Years	Months	Days
Sex Male	Color or Race Colored	Birth- place Md				
Occupation Laborer	Where Residing if not at place of death					
Married, Single or Widowed No	Name of Wife or Husband X					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving Information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonony, Tuberculosis	How long	1 year
Immediate	Ex haesitum	How long	—

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

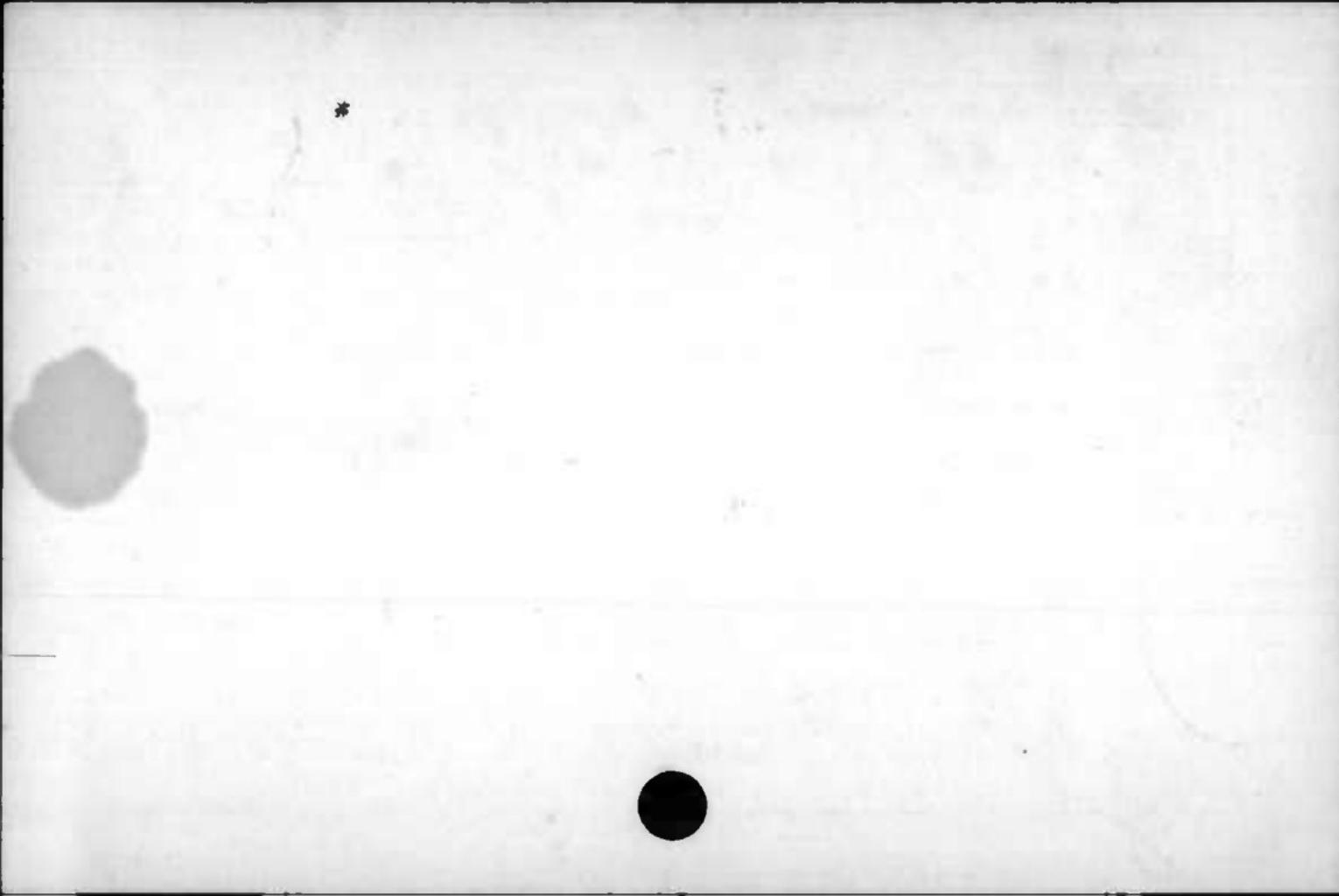
Address

O. M. Luthercum
Rochester
Md

D

Accident or Suicide?

No



Name in Full

Certificate of Death

Name in Full
Sidney E. Rosenthal
Sergeant

Died at Forest Glen ^{Town} Montgomery ^{County} MARYLAND

Date April 21 1905 Month Day Y. M. D. Native of U. S. Occupation Merchant
Age 37-3-13 Sex Male White Married Widow Divorced
Female Colored Single Widower Number of children living 1

Husband

Wife

Father's

• 100 •

Name _____

Picus canadensis How long sick

Cause of Primary Progressive Paralysis 6 species.

Death Immediate General exhaustion ~~and~~ ^{and} ~~the~~ ^{the} heart.

Reported by

Intermediate

Primary

Progressive Paralysis 6 species.

Address

Forest Glen W^a

~~Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.~~



Name
in
Full

Richard Phineas Ray

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	61	5 16
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Beedy Cashell		
Father's Name	W. Ray	Father's Birthplace MD		
Mother's Maiden Name	Jane Sorrelace	Mother's Birthplace MD		
Name of person giving information	Jane Ray	How related to deceased Sister		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis
Exhaustion

How long 2 yrs

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

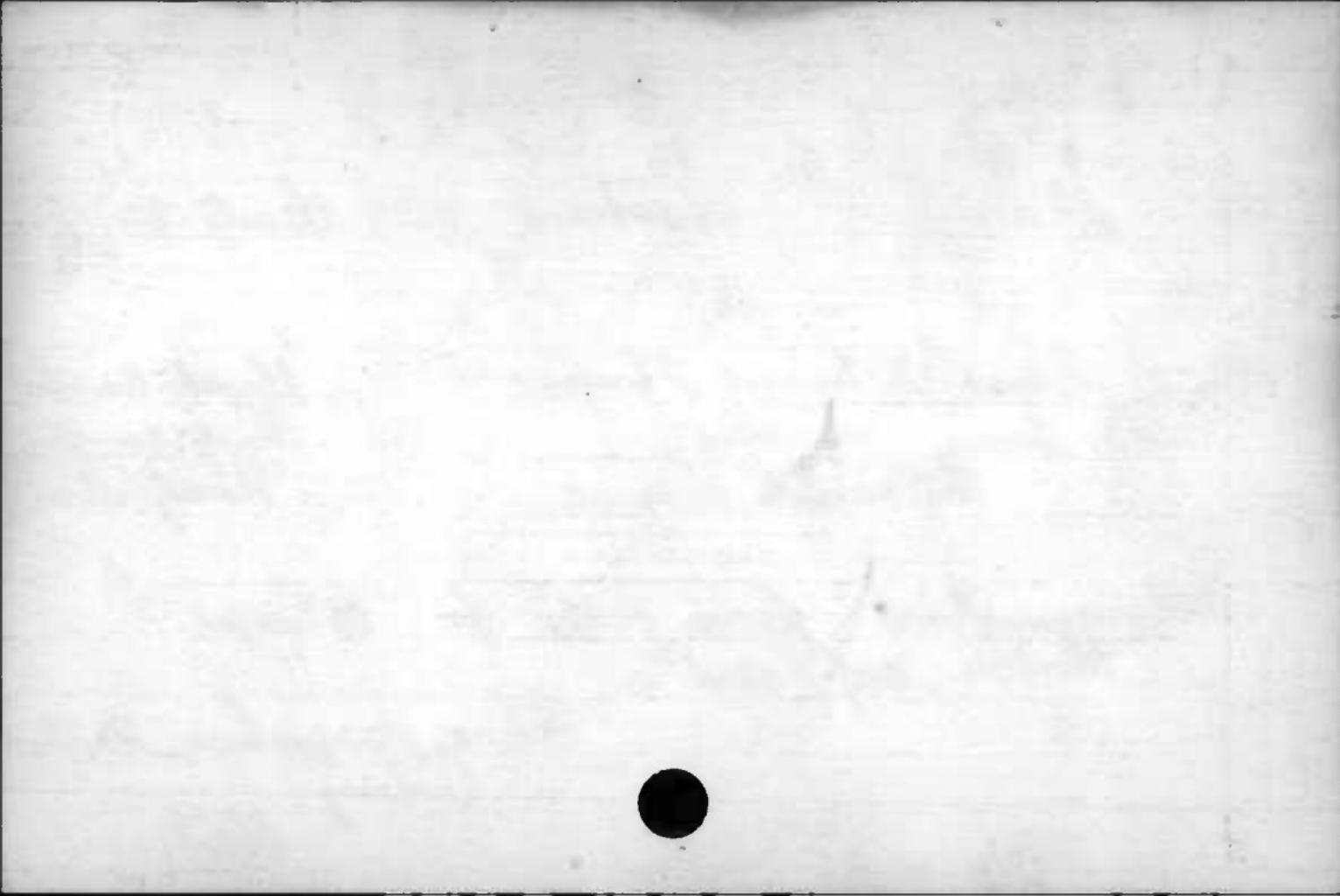
Signature of Physician

Address

W. L. Lewis MD
Kingsbury St.
Maryland MD

Accident or Suicide?

9



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James Stewart-

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days	
1905	4	29	80				
Sex	Male	Color or Race	White				
Occupation	Retired		Birthplace Ireland				
Married, Single or Widowed	—		Where Residing if not at place of death —				
Father's Name	James Stewart		Alice Stewart				
Mother's Maiden Name	—		Father's Birthplace Ireland				
Name of person giving information	Son		Mother's Birthplace " "				
How related to deceased Son							

CAUSES OF DEATH

Primary

Atherosclerosis

How long

5 years

Immediate

Embolia

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

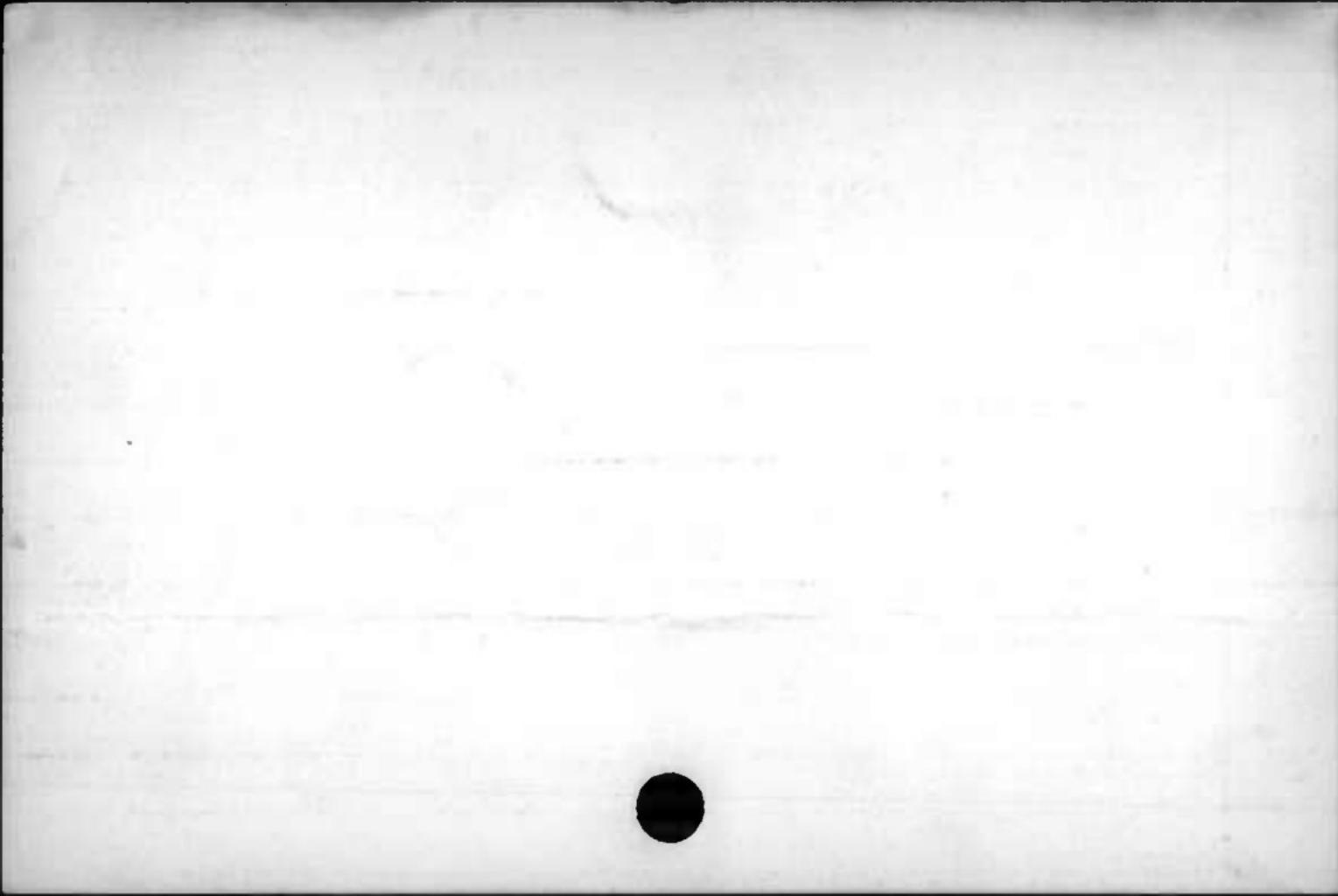
Signature of Physician

Address

J. A. Sanderson,
Germantown, Md.

Accident or Suicide?

8



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Thomas

CERTIFICATE OF DEATH

Died at	Sandy Spring	Town	County	MARYLAND		
Date of death	1905	Month April	Day 2	Years —	Months —	Days 1
Sex	Male	Color or Race	Colored	Birth-place	Montgomery Co. Md.	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed				Name or Wife or Husband		
Father's Name	Chas Edward Thomas			Father's Birthplace	Montgomery Co. Md.	
Mother's Maiden Name	Annie Lincoln			Mother's Birthplace	Montgomery Co. Md.	
Name of person giving Information	William H. Thomas			How related to deceased	Grandfather	

CAUSES OF DEATH

Primary Fraymatisim from fall of
Mother suffocated

How long 10 hours

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

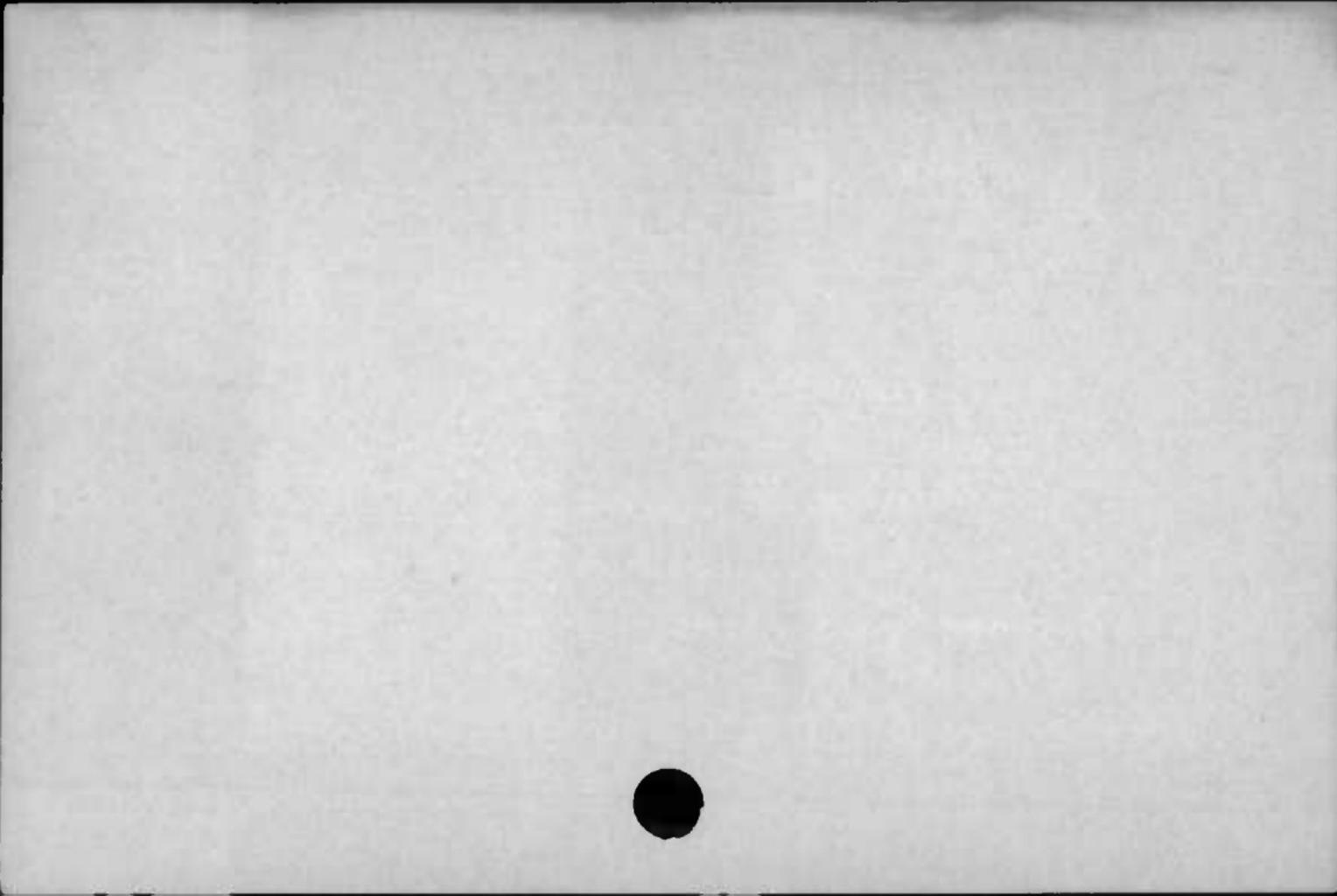
Signature of Physician

Yes.

Address

Chas. Farquhar, M.D.
Olney.

Accident or Suicide?



Name
in
Full

Rush L. Tities

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Someset Heights		Town	Montgomery		County		MARYLAND	
Date of death	1905	Month 4	Day 10	Years 0	Months 1	Days 13		
Sex Female		Color or Race	white		Birth-place	Somerset Heights, Md.		
Occupation			Where Residing if not at place of death		✓			
Married, Single or Widowed	Name of Wife or Husband							
Father's Name					Father's Birthplace	New York		
Mother's Maiden Name					Mother's Birthplace	Colorado		
Name of person giving Information					How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

The Grip

(10)

How long

4 days

Immediate

Cardiac Neuroasthenia

How long

Are the name, age, sex, color, date and place correctly given above?

yes

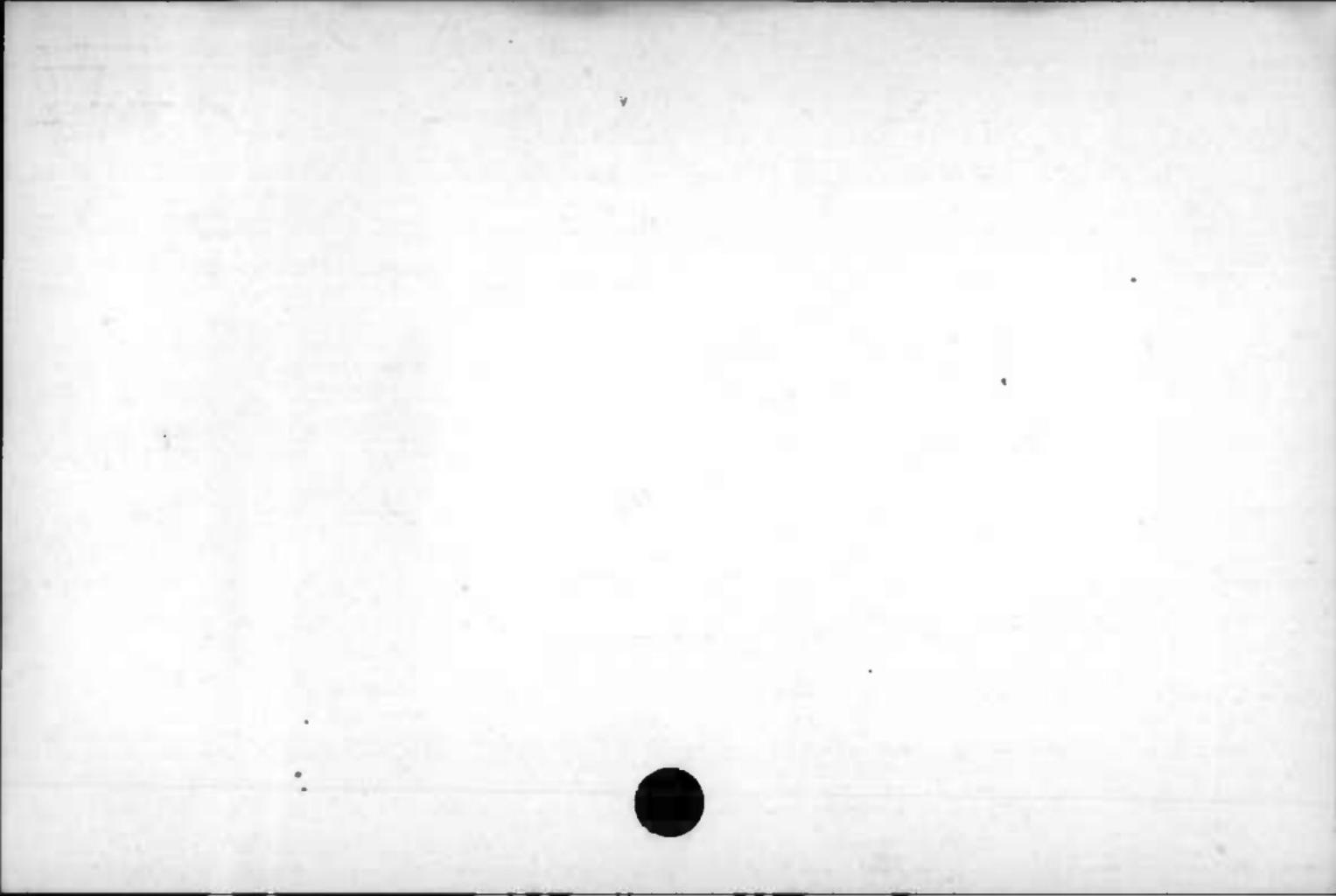
Signature of Physician

Address

John L. Lewis M.D.
Bethesda, Md.

Accident or Suicide?

no



Name
in
Full

Wm Valdean

CERTIFICATE OF DEATH

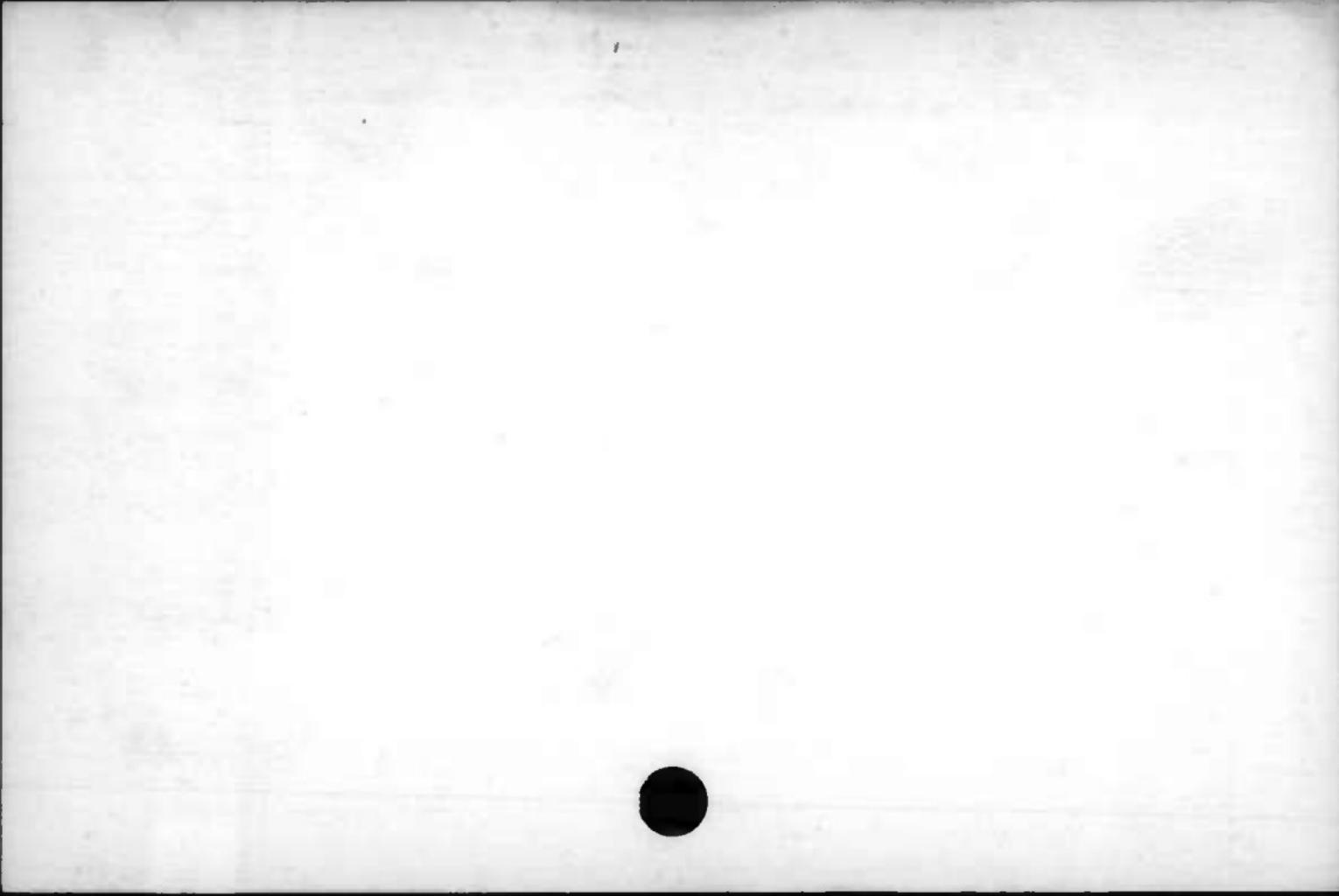
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Calverton	County	Montgomery			MARYLAND
Date of death	Month	Day	Years	Age	Months	Days	
Sex	Male	Color or Race	American	Birth-place	Mid	9	
Occupation	Farmer		Where Residing if not at place of death	Same			
Married, Single or Widowed	Married Husband		Virginia	Kauf Valdean			
Father's Name	Wm Valdean		Father's Birthplace	Md			
Mother's Maiden Name	Mary Rachel		Mother's Birthplace	Md			
Name of person giving information	Virginia Kauf Valdean		How related to deceased	wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rheumatism & Sclerosis of the arteries	How long	Several yrs
Immediate	Apoplexy	How long	Two minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Eugene Jones
		Address	Kensington
D Accident or Suicide?			



Name
in
Full

Ordelle Freda Viett

CERTIFICATE OF DEATH

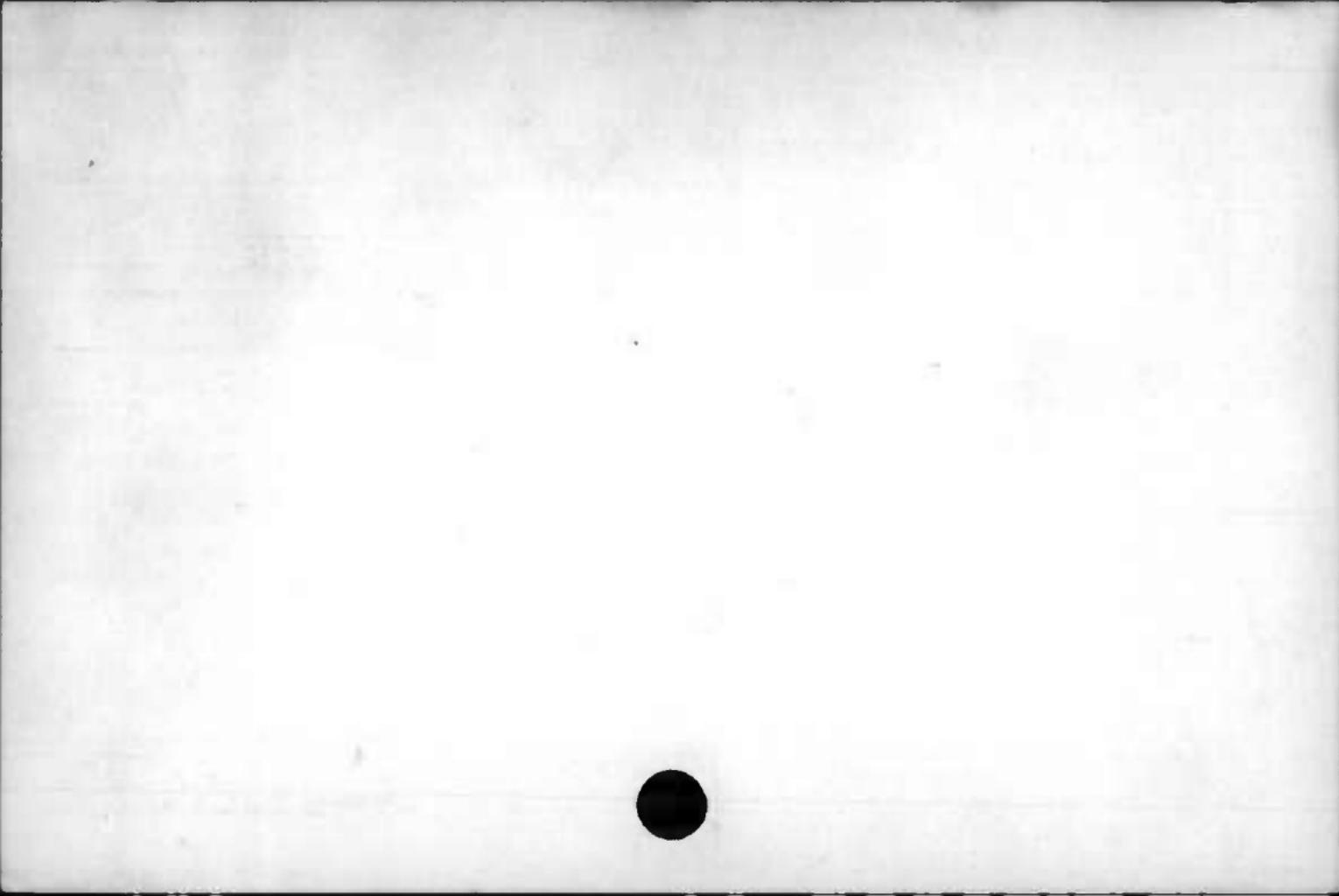
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1905	April	14	Age 5
Sex	Color or Race	Birth-place	
Female	White	Rockville, Md.	
Occupation	Where Residing if not at place of death	—	
Married, Single or Widowed	Name of Wife or Husband	—	
Singl		—	
Father's Name	William E. Viett	Father's Birthplace	Rockville, Md.
Mother's Maiden Name	Irene Van Ompins (Viett)	Mother's Birthplace	Nebraska
Name of person giving information	Minnie Viett	How related to deceased	Aunt

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute congestive Lungo	(X)	How long	24 hrs
Immediate	Heart failure	(X)	How long	2 hrs
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	George E Lewis, M.D.
			Address	Rockville, Md.
Accident or Suicide?		—		



Name
in
Full

Washter Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1905	April	13	Age 16
Sex	Color or Race	Birth-place	
Female	Black	Laytownville	
Occupation	Where Residing if not at place of death	Laytownville	
Married, Single or Widowed	Name of Wife or Husband	Laytownville	
Father's Name	Dave Williams	Montgomery Co	
Mother's Maiden Name	Seriah Scott	" "	
Name of person giving information	" "	How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Puerperal Eclampsia

39

How long

12 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

720

Signature of Physician

Address

714 Bayard

Laytownville

2

Accident or Suicide?

